PAGE 1 / 27

Image# 201612079037723202

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For Other 1	han An Authoi	rized Commi	ttee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PR	INT ▼	Example: If typover the lines.	oing, type	12FE4M	5	
NCLR Action PA							
ADDRESS (number and s	reet) 1126 16th 5	St. NW					
Check if differenthan previously reported. (ACC)	Washingto	n			DC	20036	-
2. FEC IDENTIFICAT	ON NUMBER V	CITY	<u> </u>		STATE ▲	ZIP CC	DDE 🛦
C C00626390		3. IS TI REP		NEW (N) OR	AMI (A)	ENDED	
4. TYPE OF REPO (Choose One) (a) Quarterly Report	Repor	1 1 1 1 20	(M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep 2	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly R July 15 Quarterly R October 15 Quarterly R January 31	eport (Q2) (C) 1 F eport (Q3)	2-Day RE-Election Report for the:	Primary (12	2P)	General (1	12G) 2S) in the	Runoff (12R)
Year-End R July 31 Mid Report (Nor Year Only) Termination (TER)	-Year n-election (MY)	O-Day OST-Election Deport for the:	General (3	0G)	Runoff (30	in the	Special (30S)
5. Covering Period	10 20	Election o	through	М - М	/ D D / 28	State - 2016	JI 29
I certify that I have exan Type or Print Name of T	Gonzalez,	to the best of my Lawrence, , ,	knowledge and	d belief it is tru	ue, correct and	complete.	
Signature of Treasurer	Gonzalez, Lawrence,	, ,	[Electronica	ully Filed] [Date 12	/ DD / 07	2016
NOTE: Submission of false	e, erroneous, or incom	plete information m	ay subject the p	erson signing t	his Report to the	e penalties of 52	2 U.S.C. § 30109
Office Use						FEC FOR Rev. 05/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIF 13 AND DISBONSEMENTS	Page 2
Write or Type Committee Name		
NCLR Action PAC		
Report Covering the Period: From:	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 11 / 28 / 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period	. 183981.28	
(c) Total Receipts (from Line 19)	. 320346.01	619287.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 504327.29	619287.02
7. Total Disbursements (from Line 31)	363176.00	478135.73
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 141151.29	141151.29
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	. 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	. 49847.72	
This committee has qualified as a mu	Iticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NCLR Action PAC

Report Covering the Period: From:	20 2016 To	: 11 28 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15000.00	55000.01
(i) iternized (use scriedule A)	4 4	33333
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	15000.00	55000.01
_		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	305346.01	EC 4007 04
(such as PACs)	303340.01	564287.01
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	320346.01	619287.02
Totals to Line 33, page 5) 2. Transfers From Affiliated/Other	020040.01	7 7 7
Party Committees	0.00	0.00
Tarry Committees	0.00	
B. All Loans Received	0.00	0.00
		49- 49- 49-
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	75 75 75	7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	7 1 7 1 7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	320346.01	619287.02
D. Total Federal Receipts	220246.04	04007.00
(subtract Line 18(c) from Line 19)▶	320346.01	619287.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4			
Expenditures	18749.01	42203.99		
(add 21(a)(i), (a)(ii), and (b))▶	18749.01	42203.99		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	0.00	0.00		
and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	344426.99	435931.74		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	000			
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	4 4		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	200	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	20))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	363176.00	478135.73		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	363176.00	478135.73		

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	320346.01	619287.02
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	320346.01	619287.02
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18749.01	42203.99
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	18749.01	42203.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE 6 OF					27
(0	che	ck only	or	ne)							
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		13		14		15		16	6		17

	y information copied from such Reports and Stat for commercial purposes, other than using the na							
\rangle	NAME OF COMMITTEE (In Full) NCLR Action PAC							
	Full Name of Individual (Last, First, Middle Initial NCLR Action Fund	Date of Receipt						
	Mailing Address 1126 16th St NW Ste 600	11 02 2016						
	City	State Zip Code						
	Washington	DC	20036-4845	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	ÿ						
•	Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)						
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 55000.01					
В.	Full Name of Individual (Last, First, Middle Initial) or Full Orga	anization Name	Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		Thousand of Education of the Follows				
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼					
<u> </u>	Full Name of Individual (Last, First, Middle Initial) or Full Orga	anization Name	Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer (for Individual)	ation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼					
SI	JBTOTAL of Receipts This Page (optional)			15000.00				
TO	OTAL This Period (last page this line number on	ly)		15000.00				

OUEDINE A /EEO E AN	·		FOR LINE AUTOPE DAGE 05 07							
SCHEDULE A (FEC Form 3X	.)	parate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 27							
TEMIZED RECEIPTS		n category of the	(check only one)							
TEMPLED REGER 10		Summary Page	11a 11b X 11c 12							
		,	13 14 15 16 17							
Any information copied from such Reports ar	d Statements may not be s	old or used by any p	person for the purpose of soliciting contributions							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
NCLR Action PAC										
/ NOEK / Kollon / / Ko										
Full Name of Individual (Last, First, Middle	Initial) or Full Organization	Name								
FOR OUR FUTURE	a., o a o.gazao		Date of Receipt							
Mailing Address 888 16th St NW			<u> </u>							
Ste 650			10 21 2016							
City	State Zip Co	ode	Transaction ID : VSHEADC4TC6							
Washington		06-4112								
			Amount of Each Receipt this Period							
FEC ID number of contributing	C C00620971		195626.00							
federal political committee.	0 00020071		4-14-14-14-14-14-14-14-14-14-14-14-14-14							
Name of Employer (for Individual)	Occupation (for	· Individual)	Memo Item							
rame of Employer (for marriadar)	Cooupation (ioi	marriada.)								
Receipt For:			_							
Primary General	Aggregate Year-to-Da	te ▼								
Other (specify) ▼		500972.01								
Carlot (openity) V	4	7-1-1-2-1-	_							
Full Name of Individual (Lost First Middle	Initial) or Full Organization	Nama								
Full Name of Individual (Last, First, Middle FOR OUR FUTURE	illilial) of Full Organization	Ivaille	Date of Receipt							
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Mailing Address 888 16th St NW			11 03 2016							
Ste 650 City	State Zip Co	nde								
	' '		Transaction ID : VSHEADFJBB1 Amount of Each Receipt this Period 109720.01							
Washington	DC 2000	6-4112								
FEC ID number of contributing	C C00620971									
federal political committee.	0 00020971		Memo Item							
Name of Employer (for Individual)	Occupation (for	r Individual)								
Name of Employer (for individual)	Occupation (ioi	ilidividual)								
Receipt For:			_							
Primary General	Aggregate Year-to-Da	te ▼								
Other (specify) Other		500972.01								
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federal political committee.										
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Receipt For:	Aggregate Veer to De	to ¥								
Primary General	Aggregate Year-to-Da	ı⊎ ▼	_							
Other (specify)										
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SUBTOTAL of Receipts This Page (optional		·······)	<u> </u>							
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TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)					PAGE	8 C)F 27			
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	I '	only one	·	□ 22		e -	7 07	
		Summary Page		21b 28a	22 28b	23 28c		.6 .9	27 30b	
Any information copied from such Reports and Statem	ents may r	not he sold or use								ions
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
NCLR Action PAC										
Full Name (Last, First, Middle Initial)										
A. Amalgamated Bank					Date of D	isburse	ment			
	State Zip Code				10 25 2016					Υ
Mailing Address 275 7th Ave										
City					FEC Identification Number					
	NY	10001-6708			-	unoauoi	- I Vali		-	
Purpose of Disbursement Bank Fees			· · ·	7 [
Candidate Name			Category/		Trans	saction of Each				Period
			Type						-	-
Office Sought: House Disbursem		General						,	37.0	U
	Primary General Other (specify) ▼				Memo Item					
State: District:				L	iviem	ıtem				
Full Name (Last, First, Middle Initial)										
B. Amalgamated Bank					Date of Disbursement					
Mailing Address 275 7th Ave				\dashv [11	2			2016	Y
,	tate NY	Zip Code 10001-6708		F	FEC Identification Number					
Purpose of Disbursement	Category/ Type				Transaction ID : VSGF29VFBR Amount of Each Disbursement this Period					
Bank Fees] [
Candidate Name				<u>′</u> Д					Period	
Office Sought: House Disbursem				-					1	
Senate	Primary	General			4 4					
	Other (specify)			Г	Memo Item					
State: District: Full Name (Last, First, Middle Initial)				+-	_					
C. Collazo, Rafael, , ,				[Date of D	isburse	ment			
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Mailing Address 6 Tigerlily Ln					10	20	0		2016	
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Sicklerville	NJ	08081-9546			EC Ider	uncation	INUIT	ing!	-	
Purpose of Disbursement Reimbursement - Travel and Meals										
Candidate Name			Category/		Tran mount o	saction f Fach				Period
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Office Sought: House Disbursem		Comerci] L		7		7	190.4	0
	Primary Other (spec	☐ General			٦					
State: District:	or (opoc	··· <i>J1</i> ▼		L	Mem	o Item				
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SUBTOTAL of Disbursements This Page (optional)			·······)	<u> </u>		7	_		646.1	11
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ackslash	NAME OF COMMITTEE (In Full)										
$ \rangle$	NCLR Action PAC										
	Full Name (Last, First, Middle Initial)										
Α.	Wynn Las Vegas					Date of	_	seme		YY	Y
	Mailing Address 3131 Las Vegas Blvd S					10 18 2016					
	City Las Vegas	State NV	Zip Code 89109-1967			FEC Identification Number					
	Purpose of Disbursement				7	С					
	Meals			L			nsactio	n ID	: VSGF	: VSGF29TM1)	
	Candidate Name			Category, Type	/	Amount	of Eac	h Dis	bursem	ent this	Period
	Office Sought: House Disburser	ment For:		1 3 P G	\dashv					29.2	20
	Senate	Primary	General					*	7		
	State: District:	Other (spec	cify) ▼			✗ Mer	no Item	1			
_	Full Name (Last, First, Middle Initial)										
В.	,					Date of	Disburs	seme	nt		
						M = M	/ D	■ D	/ Y	YY	Υ
	Mailing Address PO Box 75357					11		09		2016	
	,	State	Zip Code			FEC Ide	entificati	on N	umber		
	Washington Purpose of Disbursement	Category/ Type sement For: Primary General			_	C					
	Compliance Services					Transaction ID : \		. VCCE	20T\A/\A/		
	Candidate Name				/					ent this	Period
	Office Sought: House Disburser					-				9021.1	16
	Senate					4 4					
	President State: District:	Other (spec	cify)			Mer	no Item	1			
_	Full Name (Last, First, Middle Initial)										
C.	Green Dot Bank					Date of	Disbur	seme	nt		
	Mailing Address 3465 E Foothill Blvd					10	/ D	26	/ Y	2016	Y
	City	State	Zip Code		+	FF0 ::		- ·	ar !-		
	Pasadena	CA	91107-6071			FEC Ide	enuncati	on N	umper		
	Purpose of Disbursement Prepaid Debit Card				7	C					
	Candidate Name			Category	/					29TY0/ ent this	Period
	Office Sought: House Disburser	ment For		Туре	\dashv					149.4	48
	Senate Disburser	Primary	General				7	_	7	. 10.	
	President	Other (specify)				Memo Item					
	State: District:					LI IVIEI	iio itell	'			
s	UBTOTAL of Disbursements This Page (optional)				-		L.T.			9170.	64
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T	OTAL This Period (last page this line number only)				•	1 .					1

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF				10 OF 27		
ITEMIZED DISBURSEMENTS		parate schedule(s) h category of the	(CITCCK OIT	·	¬ ⊏	7.00 F			
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NAME OF COMMITTEE (In Full)									
NCLR Action PAC									
Full Name (Last, First, Middle Initial)				5					
A. Green Dot Bank				Date of L	Disburseme	/ Y	Y Y Y		
Mailing Address 3465 E Foothill Blvd	1				14		2016		
City	State CA	Zip Code 91107-6071		FEC Ider	tification N	lumber			
Pasadena Purpose of Disbursement	CA	91107-6071					-		
Prepaid Debit Card				C					
Candidate Name			Catananii		saction ID		OTY09 nt this Period		
			Category/ Type	Amount	I Each Di	SDUISEITIEI	it tills Pellou		
Office Sought: House Disbur	sement For:			1 []			300.00		
Senate	Primary	General							
President	Other (sp	ecify) ▼		Mem	o Item				
State: District:									
Full Name (Last, First, Middle Initial)				Data of F); =	4			
B. Jacquez, Albert, , ,				Date of L	Disburseme				
Mailing Address 2403 Lellah Ct				10	20		2016		
City	State	Zip Code		FF0.11					
Dunn Loring	VA	22027-1200		FEC Ider	ntification N	number			
Purpose of Disbursement							.		
Reimbursement - Travel and Lodging		Category/ Type			Transaction ID : VSGF29TFME Amount of Each Disbursement this Period 1000.10				
Candidate Name									
Office Sought: House Disbur	sement For:								
Senate Sought.	Primary	General			7	7	1000.10		
President	Other (sp			п					
State: District:		• ,		Mem	o Item				
Full Name (Last, First, Middle Initial)									
C. Expedia, Inc.				Date of D	Disburseme		YYY		
Mailing Address 333 108th Ave NE				10	17		2016		
City	State	Zip Code		EEO Idaa	tification N	li imala a u			
Bellevue	WA	98004-5703		FEC laer	uncation	umber			
Purpose of Disbursement Lodging			· · ·	C	saction ID	· VSGE2	DTM1		
Candidate Name			Category/	1			nt this Period		
Office Sought: House Disbur	sement For:		Type	-			582.40		
Senate	Primary	General					11-40-		
President	Other (sp			X Mem	- 14				
State: District:				Iviem	o Item				
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SUBTOTAL of Disbursements This Page (optional	l)		·····•				1300.10		
TOTAL This Period (last page this line number or	nlv)								

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SCHEDULE B (FEC Form 3X)						PAGE 11 OF 27		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		∃ 00 ⊏			
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NAME OF COMMITTEE (In Full)								
NCLR Action PAC								
Full Name (Last, First, Middle Initial)								
A. United Airlines				Date of Di	isburseme	ent		
				M M /	DDD	/		
Mailing Address PO Box 6449				10 02 2016				
City	State	Zip Code		FEC Identification Number				
Chicago	IL	60680-6449						
Purpose of Disbursement Travel				C				
Candidate Name			Category/			: VSGF29TKA\$ sbursement this Period		
			Type	7 tillount of	Edon Bio			
	ment For:				7	417.70		
Senate President	Primary Other (spec	General			*			
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Full Name (Last, First, Middle Initial)								
B. Jacquez, Albert, , ,				Date of Di	isburseme	ent		
Mailing Address 2403 Lellah Ct				10	20	2016		
				.0	20	23.0		
City	State	Zip Code		FEC Ident	ification N	lumber		
Dunn Loring Purpose of Disbursement	VA 22027-1200				C			
Reimbursement - Travel and Meals				Transaction ID : VSGF29TK1C				
Candidate Name		Category/ Type ment For: Primary General			Amount of Each Disbursement this Period 289.73			
Office Sought: House Disburse	mant Fam							
Office Sought: House Disburse Senate	Primary							
President	Other (spec			Memo	Itom			
State: District:				Memo	ILEIII			
Full Name (Last, First, Middle Initial)				Date of Di	ichurcomo	unt		
C. United Airlines				M M M	D D	/ Y Y Y Y		
Mailing Address PO Box 6449				10	17	2016		
City	State	Zip Code						
Chicago	IL	60680-6449		FEC Ident	ification N	lumber		
Purpose of Disbursement Travel				C				
Candidate Name						: VSGF29TKA		
Candidate Name			Category/ Type	Amount of	Each Dis	sbursement this Period		
Office Sought: House Disburse	ement For: 2	2016	715-5		40	25.00		
Senate	Primary	✗ General						
President Pictrict:	Other (spec	cify) ▼		X Memo	Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional).					40.	289.73		
j ,					,			
TOTAL This Period (last page this line number only	/)							

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SCHI	EDULE B (FEC Form 3X)				PAGE	12 C)F 27					
ITEM	IZED DISBURSEMENTS		arate schedule(s) category of the	(check only one) X 21b 22 23				- -				
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B. Wynn Las Vegas						M M / D D / Y Y Y Y						
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	-											
City		State NV	Zip Code			FEC Id	entific	ation	Num	nber		
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	NAME OF COMMITTEE (In Full)											
$ \rangle$	NCLR Action PAC											
_	Full Name (Last, First, Middle Initial)					_						
Α.	Jacquez, Albert, , ,					Date of Disbursement						
	Mailing Address 2403 Lellah Ct					10 24 2016						
	City	State	Zip Code			FEC Ide	antific	ation	Num	abor		
	Dunn Loring	VA	22027-1200					allOII	INUII	ibei	-	
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 27					
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		Summary Page	X 21b		23 28c		27 30b	
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NAME OF COMMITTEE (In Full)								
NCLR Action PAC								
Full Name (Last, First, Middle Initial)				D	D: 1			
A. One Vanilla Card				M = M				
Mailing Address PO Box 826				11	07	7 201	0	
City Fortson	State GA	Zip Code 31808-0826		FEC Ide	ntification	Number		
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Prepaid Debit Card						ID - VCCF20TV	(7A	
Candidate Name			Category/			ID: VSGF29TX Disbursement t		
			Type				44.04	
Office Sought: House Disburs Senate	ement For:	Canaral			214.84			
President	Primary Other (sp	General ecify) ▼		П.,				
State: District:		<i>3,</i> •		Men	no Item			
Full Name (Last, First, Middle Initial)								
B. One Vanilla Card				Date of	Disburse	ment		
Mailing Address PO Box 826				/ D 1		16		
Walling Address PO Box 626						4 20		
City	State GA	Zip Code		FEC Ide	ntification	Number		
Fortson Purpose of Disbursement	31808-0826		C					
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Candidate Name		Category/			Amount of Each Disbursement this Period			
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Office Sought: House Disburs Senate	ement For: Primary				7	3	383.67	
President	Other (sp		Mama Itam					
State: District:		, , , , , , , , , , , , , , , , , , ,		Men	no Item			
Full Name (Last, First, Middle Initial)								
C. Ortega, Daniel, , , Jr.				Date of	Disburse			
Mailing Address 361 E Coronado Rd				10	20			
Ste 101								
City	State	Zip Code		FEC Ide	ntification	Number		
Phoenix Purpose of Disbursement	AZ	85004-1525					\neg	
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 C				GE 15 OF 27		
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NAME OF COMMITTEE (In Full)									
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A. Sandler, Reiff, Lamb, Rosenstein &	stock PC			M = M	Disburse /	D / Y	YYYY		
Mailing Address 1025 Vermont Ave NW Ste 300		I			11	2	8	2016	
City Sashington	State DC	Zip Code 20005-6302			FEC Ide	entificatio	n Number		
Purpose of Disbursement		20000-0302		\dashv	С				
Legal Services						nsaction	ID : VSG	F29VF.I8	
Candidate Name			Category	y/				ment this Period	
Office Sought: House Disburser	ment For:		Туре					5736.48	
Senate Disburser	Primary	General				7		46	
President	Other (spec	cify) ▼			Me	mo Item			
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SUBTOTAL of Disbursements This Page (optional)				•				5736.48	
TOTAL This Period (last page this line number only)				_				18726.80	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 16 OF
FOR LINE NUMBER:
(check only one)

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X	10

27

NAME OF COMMITTEE (In Full) NCLR Action PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement - Canvassing Transportation Carlier, Natalie, , , Mailing Address 790 NW 107th Ave State Zip Code Miami FL 33172-3130 Transaction ID: VSEGJ9H8DF4 Outstanding Balance Beginning This Period 247.23 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 247.23 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement - Travel and Meals Collazo, Rafael, , , Mailing Address 6 Tigerlily Ln City State Zip Code Sicklerville 08081-9546 NJ Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H8D13 190.40 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 190.40 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Canvass Transportation Enterprise Mailing Address PO Box 402383 City State Zip Code GΑ 30384-2383 Atlanta Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H8MB8 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 17802.48 17802.48 0.00 17802.48 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

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27

17 OF

NAME OF COMMITTEE (In Full) NCLR Action PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement - Travel and Meals Jacquez, Albert, , , Mailing Address 2403 Lellah Ct State Zip Code **Dunn Loring** VΑ 22027-1200 Transaction ID: VSEGJ9H8CV6 Outstanding Balance Beginning This Period 289.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 289.73 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement - Travel and Lodging Jacquez, Albert, , , Mailing Address 2403 Lellah Ct City State Zip Code **Dunn Loring** 22027-1200 Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H8D05 1000.10 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1000.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement - Travel and Lodging Jacquez, Albert, , , Mailing Address 2403 Lellah Ct City State Zip Code 22027-1200 **Dunn Loring** VA Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H8DJ7 891.23 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 891.23 0.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

27

18 OF

NAME OF COMMITTEE (In Full) NCLR Action PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Reimbursement for Prepaid Debit Card Nordlund, Jared, , , Mailing Address 5449 S Semoran Blvd Ste 233 State Zip Code Orlando FL 32822-1779 Transaction ID: VSEGJ9H8EG4 Outstanding Balance Beginning This Period 26.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 26.95 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Canvassing Services 10/1/16-11/8/16 Professionals for Non-Profits Mailing Address 515 Madison Ave City State Zip Code New York 10022-5400 NY Outstanding Balance Beginning This Period Transaction ID: VSEGJ9H8KB5 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 32045.24 32045.24 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 32045.24 1) SUBTOTALS This Period This Page (optional)..... 49847.72 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 49847.72 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	1 - M / D - D / Y - Y - Y - Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Carlier, Natalie, , ,		Wemo	itom	10 13 2016
Mailing Address 790 NW 107th Ave			Amou	unt
City	State	Zip Code	$ \Gamma$	66.05
Miami	FL	33172-3130		saction ID : VSGF29TFM79 of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payees Finishline Petroleum and Chevron	AFP Group,	Category/ Type 002		10 20 7 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		x Oppose	x Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		460125.56	Disburseme	
	7			Other (specify)
Full Name of Payee Carlier, Natalie, , ,		☐ Memo	Item Date	of Public Distribution/Dissemination
Carner, Natalie, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 790 NW 107th Ave			Amou	unt
City	State	Zip Code	$ \Gamma$	108.58
Miami	FL	33172-3130		saction ID : VSGF29TFMA3 of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee AFP Group	Shell and	Category/ Type 002		10 20 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		460125.56	Disburseme	_ , _
The account of the court of the				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [174.63
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gonzalez, Lawrence, , ,	Electronically Fil	ed]	M = M /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	12	07 2016

TEMIZED INDEFENDENT EXPENDITORES			PAGE 20 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC			C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee Carlier, Natalie, , ,		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 790 NW 107th Ave			10 18 2016 Amount
			Amount
City	State	Zip Code	72.60
Miami	FL	33172-3130	Transaction ID : VSGF29TFMB1 Date of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee A and Finishline Petroleum	AFP Group	Category/ Type 002	2016
Name of Federal Candidate:		Support	Office Sought: House District:
TRUMP, DONALD J., , ,		Coppose	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	460125.56	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Carlier, Natalie, , ,			11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 790 NW 107th Ave			
730 NW TOTAL AVE			Amount
City	State	Zip Code	14.00
Miami	FL	33172-3130	Transaction ID : VSGF29TVXM5 Date of Disbursement or Obligation
Purpose of Expenditure Reimb: Canvassing Transportation ultimate payee	Shell	Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought: House District:
Clinton, Hillary, , ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	460125.56	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	;		86.60
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•
(a) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
Gonzalez, Lawrence, , ,	[Electronically File	ed]	e 12 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	Date	2010

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITORES				PAGE 21 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M
Full Name_of Payee		Memo	Item Date	of Public Distribution/Dissemination
Green Dot Bank				10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3465 E Foothill Blvd			Amou	ınt
City	State	Zip Code	$ \Gamma$	1007.80
Pasadena	CA	91107-6071	I	saction ID : VSGF29TNJ06 of Disbursement or Obligation
Purpose of Expenditure Prepaid Debit Card		Category/ Type 006		10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
Clinton, Hillary, , ,		Oppose	x Presid	
Calendar Year-To-Date Per Election for Office Sought	7 7	460125.56	Disburseme 2016	nt For:
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Mack-Sumner Communications, LLC				10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 N Beauregard St			Amou	int
Ste 420			Alliot	
City	State	Zip Code	L	37874.00 saction ID : VSGF29TQE53
Alexandria	VA	22311-1750		of Disbursement or Obligation
Purpose of Expenditure Printing - Canvass Literature		Category/ Type 006	$\Box \mid \Box$	10 / 26 / Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District:
Clinton, Hillary, , ,		Oppose	X Presid	lent Senate State:
Calendar Year-To-Date Per Election for Office Sought		460125.56	Disburseme	nt For: Primary X General
Tot Election for Office Godgitt	1 1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				38881.80
(a) SUBTOTAL of Unitemized Independent Expenditur	es			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gonzalez, Lawrence, , ,	Electronically File	ed1 -	M = M /	07 / 7016
Signature		Date	12	07 2016

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITORES				PAGE 22 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo		1 M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mack-Sumner Communications, LLC				10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2001 N Beauregard St			Amou	unt
Ste 420	State	Zip Code	— r	1000.00
Alexandria	VA	22311-1750		saction ID : VSGF29TQE79
Purpose of Expenditure Shipping - Canvass Literature		Category/ Type 006		of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ht: House District:
Clinton, Hillary, , ,		Oppose	x Presid	
Calendar Year-To-Date Per Election for Office Sought	7	460125.56	Disbursement 2016	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mack-Sumner Communications, LLC				11 05 / 2016
Mailing Address 2001 N Beauregard St			Amou	unt
Ste 420	Chaha	Zin Code		8827.00
City Alexandria	State VA	Zip Code 22311-1750		saction ID : VSGF29TW7W0 of Disbursement or Obligation
Purpose of Expenditure Printing - Canvass Literature		Category/ Type 007		11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ht: House District:
Clinton, Hillary, , ,		Oppose	X Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	A A	460125.56	Disburseme	
	, ,			Other (specify)
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(a) SUBTOTAL of Unitemized Independent Expenditure	00			
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(a) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Gonzalez, Lawrence, , ,	Electronically Fil	ed]	M M /	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	12	07 2016

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 23 OF 27
NAME OF COMMITTEE (I. F.II)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) NCLR Action PAC				FEC IDENTIFICATION NUMBER ▼
NOLN ACTION FAC				C C00626390
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee Mack-Sumner Communications, LLC		☐ Memo	М	F Public Distribution/Dissemination
Mailing Address 2001 N Beauregard St				11 05 2016
Ste 420			Amoun	t
City	State	Zip Code	$-\Gamma$	1934.01
Alexandria	VA	22311-1750		ction ID : VSGF29TW7X8 f Disbursement or Obligation
Purpose of Expenditure Shipping - Canvass Literature		Category/ Type 007		11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought	: House District:
Clinton, Hillary, , ,		Oppose	✗ Preside	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	460125.56	Disbursement 2016 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Nordlund, Jared, , ,		☐ Memo	M	F Public Distribution/Dissemination
Mailing Address 5449 S Semoran Blvd Ste 233			Amoun	
City	State	Zip Code		26.95
Orlando	FL	32822-1779		action ID : VSGF29TNJ22 f Disbursement or Obligation
Purpose of Expenditure Prepaid Debit Card		Category/ Type 006		10 20 / Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought	: House District:
TRUMP, DONALD J., , ,		X Oppose	X Preside	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	460125.56	Disbursement 2016 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		. .	1960.96
(a) SUBTOTAL of Unitemized Independent Expenditu	roc		. —	
(a) SOBTOTAL OF OTHER MIZE OF THE PERIOD IN EXPENDITURE	165		•	7 1 7 1 7
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized	•		•
Gonzalez, Lawrence, , ,	[Electronically Fi	<i>led]</i> Date	M = M /	07 / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES			PAGE 24 OF 27
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
NCLR Action PAC			FEC IDENTIFICATION NUMBER ▼
			C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Nordlund, Jared, , ,		☐ Memo Ite	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5449 S Semoran Blvd			
Ste 233			Amount
City	State	Zip Code	445.88
Orlando	FL	32822-1779	Transaction ID: VSGF29TNJ14 Date of Disbursement or Obligation
Purpose of Expenditure Reimb. Canvassing Equipment and Transportation; payee was Amazon and RaceTrac	ultimate	Category/ Type 006	10 24 2016
Name of Federal Candidate:		Support (Office Sought: House District:
Clinton, Hillary, , ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	100105 50	Disbursement For: Primary
Full Name of Payee One Vanilla Card		☐ Memo Ite	
Mailing Address PO Box 826			Amount
City	State	Zip Code	670.21
Fortson	GA	31808-0826	Transaction ID : VSGF29TQF07 Date of Disbursement or Obligation
Purpose of Expenditure Prepaid Debit Card		Category/ Type 007	10 / 27 / 2016
Name of Federal Candidate:		x Support	Office Sought: House District:
Clinton, Hillary, , ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	4CO40F FC	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			1116.09
(a) SUBTOTAL of Unitemized Independent Expenditur	'es		>
(a) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Gonzalez, Lawrence, , ,	[Electronically Fil	led] Date	12 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
NCLR Action PAC				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M / D "D / Y "Y "Y "Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
One Vanilla Card			1	11 07 7 2016
Mailing Address PO Box 826			Amou	nt
City	State	Zip Code	— I I I	991.74
Fortson	GA	31808-0826	I	saction ID : VSGF29TW7T5 of Disbursement or Obligation
Purpose of Expenditure Prepaid Debit Card		Category/ Type 007		11 07 7 2016
Name of Federal Candidate:		✗ Support	Office Sough	nt: House District:
Clinton, Hillary, , ,		Oppose	✗ Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	460125.56	Disbursemer	nt For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	1_	of Public Distribution/Dissemination
Professionals for Non-Profits				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 515 Madison Ave			Amou	nt
City	State	Zip Code		106700.82
New York	NY	10022-5400		saction ID : VSGF29TXXE5 of Disbursement or Obligation
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/ Type 006		10 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District:
TRUMP, DONALD J., , ,		x Oppose	X Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1	460125.56	Disbursemer 2016	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			· •	107692.56
(a) SUBTOTAL of Unitemized Independent Expenditu	res			
				<u> </u>
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Gonzalez, Lawrence, , ,	[Electronically Fil	ed1	M = M /	D D / Y Y Y Y Y
Signature	Th	_ Date	12	07 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
NCLR Action PAC				FEC IDENTIFICATION NUMBER ▼ C C00626390
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Professionals for Non-Profits		☐ Memo	Item D	ate of Public Distribution/Dissemination
Mailine Address				10 01 2016
Mailing Address 515 Madison Ave			А	mount
City	State	Zip Code		18976.65
New York	NY	10022-5400		ransaction ID: VSGF29TXX88 late of Disbursement or Obligation
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/ Type 006	5	11 / 14 / 2016
Name of Federal Candidate:		Support	Office S	ought: House District:
TRUMP, DONALD J., , ,		x Oppose	X Pi	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought		460125.56	Disburse 2016	ement For: Primary General
Full Name of Payer	, , , , , , , , , , , , , , , , , , , ,	□ Mama	L	Other (specify) ▶
Full Name of Payee Professionals for Non-Profits		∐ Memo	item D	M M / D D / Y Y Y
Mailing Address 515 Madison Ave				10 01 2016
515 Madison Ave			A	mount
City	State	Zip Code		95710.95
New York	NY	10022-5400		Transaction ID : VSGF29TXXA3 late of Disbursement or Obligation
Purpose of Expenditure Payment for Canvassing Services 10/1-11/8		Category/ Type 006		11 14 2016
Name of Federal Candidate:		✗ Support	Office S	ought: House District:
Clinton, Hillary, , ,		Oppose	X Pi	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought		460125.56	Disburse	ement For: Primary Seneral
Tel Election for Chief Godgitt	7		L	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	s			114687.60
			_	
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Gonzalez, Lawrence, , ,	[Electronically Fil	led]	M = M	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 12	07 2010

				FOR LINE 24 OF FORM 2V
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
NCLR Action PAC				FEC IDENTIFICATION NUMBER ▼
				C C00626390
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee Solidarity Strategies		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				10 27 2016
1090 Vermont Ave NW Ste 300				Amount
City	State	Zip Code		54999.75
Washington	DC 20005-4966			Transaction ID : VSGF29TRQS9 Date of Disbursement or Obligation
Purpose of Expenditure GOTV Phone Calls		Category/ Type 006	6	10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: House District:
Clinton, Hillary, , ,		Oppose	x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	460125.56	Disbu 2016	orsement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Solidarity Strategies				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1090 Vermont Ave NW				Amount
Ste 300				
City	State	Zip Code		15000.00
Washington	DC	20005-4966		Transaction ID: VSGF29TVSW9 Date of Disbursement or Obligation
Purpose of Expenditure Radio Advertising Services		Category/ Type 004		11 D 02 Y Y 2016
Name of Federal Candidate:		✗ Support	Office	e Sought: House District:
Clinton, Hillary, , ,		Oppose	x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		460125.56	Disbu 2016	rrsement For: Primary General
Per Election for Office Sought	7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				69999.75
(a) SUBTOTAL of Unitemized Independent Expenditure	es			
(a) 652161112 of officering and analysis analysis and analysis analysis and analysis analysis analysis and analysis and analysis and analysis analy				
(a) TOTAL Independent Expenditures			•	344426.99
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Gonzalez, Lawrence, , ,	Electronically File	ed] Dot	M =	2 07 2016
Signature		Date	e 1:	2 07 2010